P.034/042

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR JNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | | | |
| Expires: | | | | | | | | |
| Estimated averag | e burden | | | | | | | |
| nours per respons | e 16.00 | | | | | | | |

| SEC USE | ONLY |
|---------|--------|
| Profix | Serial |
| | |
| DATE RE | CEIVED |
| 1 | 1 |

| Name of Offering (chock if this is an amendm | ent and name has changed, and indicate change.) | |
|---|---|---|
| Filing Under (Check box(es) that apply): Rul Type of Filing: New Filing Amendment | le 504 🔲 Rule 505 📝 Rule 506 🔲 Section 4(6) | PROCESSED |
| | A. BASIC IDENTIFICATION DATA | FER 2 4 2006 |
| 1. Enter the information requested about the issue | ः | 7 - 2 - 2000 |
| Name of Issuer (check if this is an amendment Centro Watt America REIT VI, Inc. | and name has changed, and indicate change.) | FINANCIAL |
| Address of Executive Offices 2716 Ocean Park Boulevard Suite 3000, Sant | (Number and Street, City, State, Zip Code) ta Monica, CA, 90405 | Telephone Number (Including Area Code) (310) 314-5055 |
| Address of Principal Business Operations (If different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business | | |
| Real Estate Investment Trust | | |
| | d partnership, already formed Other (| please specify): |
| Actual or Estimated Date of Incorporation or Organi Jurisdiction of Incorporation or Organization: (Ente | | mated : |
| GENERAL INSTRUCTIONS | | |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CPR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Regulred: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A. BASIC ID | ENTIFICATION DATA | | |
|---|-----------------------|--|------------------------------|-----------------------|--|
| 2. Enter the information re | equested for the fo | llowing: | | | |
| Each promoter of the | the issuer, if the is | suot has been organized v | vithin the past five years | 1 | |
| Each beneficial ow | ner having the pow | ver to vote or dispose, or di | rect the vote or disposition | on of, 10% or more of | lu class of equity securities of the issue |
| • Fach executive off | ficer and director o | f corporate issuers and of | corporate general and m | nanuging partners of | partnership issuers; and |
| • Each general and I | managing partner o | of partnership issuers. | | | |
| Check Box(cs) that Apply; | Promoter | Beneficial Owner | Executive Office | r 🛛 Director | General and/or Managing Partner |
| Full Name (Last name first, i Scott, Andrew | if individual) | | | | |
| Business or Residence Address 2716 Ocean Park Bouley | | • | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Office | r 🛛 Director | General and/or Managing Partnet |
| Full Name (Last name first, i Baliva, Michael | f individual) | | Prompted and | | |
| Business or Residence Address 2716 Ocean Park Bouleva | • | Street, City, State, Zip Co | , | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Office | Director | General and/or Managing Partner |
| Full Name (Last name first, i Nenna, Romano | f individual) | | | | |
| Business or Residence Addre | ss (Number and | Street, City. State, Zip C | ođe) | | |
| 2716 Ocean Park Boulev | ard Suite 3000, | Santa Monica, CA, 90 | 405 | | · |
| Check Box(cs) that Apply: | Promoter | Beneficial Owner | Executive Office | T Director | General and/or Managing Partner |
| Full Name (Last name first, | findividual) | | | | |
| Terry, Graham | | | | | |
| Business or Residence Addre 2716 Ocean Park Bouley | • | Street, City, State, Zip C Santa Monica, CA, 90 | • | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Office | r Director | General and/or Managing Partner |
| Full Name (Last name first, i Hutchinson, John | f individual) | | | | |
| Business or Residence Addre 2716 Ocean Park Boulev | | | · | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Office | r Director | General and/or Managing Partner |
| Full Name (Last name first, i | findividual) | | | | |
| Business of Residence Addre | ss (Number and | Street, City, State, Zip Co | ode) | | |
| Check Box(es) that Apply: | Promotor | Beneficial Owner | Executive Office | r Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | ode) | | |
| | (Use blu | nk sheet, or copy and use | additional copies of this | sheet, as necessary |) |

| | | | | | · (B II | FORMAT | ION ABOU | T OFFERI | NG NG | | and have | | |
|------|--|---------------|-------------------------------|---------------|---------------------|---------------|---|---|---|---|---|----------|----------------|
| | Magaba | المدامة | d ab | | | 11 | | | .1 '66' | | | Yes | No |
| l. | . Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | x | | |
| 2. | and the second s | | | | | | | | | _{\$} 1,000.00 | | | |
| ۷. | What is the minimum investment that will be accepted from any individual? | | | | | | | | | Yes | No | | |
| 3. | Does the | offering p | ermit joint | ownershi | p of a sing | le unit? | | **************** | | | *************************************** | | NG ⊠ |
| 4. | | | | | | | | | | | rectly, any | | |
| | | | ilar remune: tod is an ass | | | | | | | | | | |
| | or states | , list the na | me of the b | roker or do | uler. If me | re than five | (5) person | is to be list | ed are asso | ciated pers | ons of such | | |
| | | | you may so | | e informati ———— | on for that | broker or | dealer only | ·. | | . | | |
| Ful | l Name (I | last name i | first, if indi | vidual) | | | | | • | | | | |
| Bus | siness or l | Residence. | Address (N | umber and | Street, Ci | ty, State, 7 | (ip Code) | | | | | | |
| | | | uite 2120, <i>F</i> | | | - | | | | _ | | | |
| | | | nker or Dos | aler | | | | | | | | | |
| _ | & L Equiti | | Listed Has | Calinizad | a- 1-1 d- | es Valisir I | B. sob poor. | | | | | | |
| Sta | | | or check. | | | | | | | | | (m) A 11 | States |
| | (Clieck | All States | or theck | maividasi | States) | | *************************************** | L44111 | | | | ☐ A. | States |
| | AL | AK | A7. | AR | CA | CO | CT | DE | DC | EL | CA | HI | ID |
| | TU | IN | | (KS) | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT RY | NE SC | NV SD | [NH] [VAT] | [XX] | NM UT | NY VT | SC VA | ND WA | OH WV | ΩX. | OR WY | PR PR |
| | | 1201 | [30] | (0,4) | [MAC.] | 121 | | (VA | <u>(11.72)</u> | (V) V) | 1774 | VV 4 | <u> </u> |
| Ful | l Name (I | ast name i | firsτ, if indi | vidual) | | | | | | | | | |
| D.11 | | Davidanas | Addysaa (2 | lumbasaa | d Street C | ine Store | Vin Coda) | | | | | | |
| Du: | siness of | Residence | Address (N | vumber an | a succi, C | ity, state, i | zip Code) | | | | | | |
| Nai | me of Ass | ociated Br | oker or Des | aler | | | | | | | | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | · - · · · · · · · · · · · · · · · · · · | | | | |
| | (Check | "All States | " or check | individual | States) | | | | | *************************************** | | | States |
| | AL | AK | A7. | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT RI | NE SC | NV SD | NH TN | TX | NM UT | NY VT | NC VA | ND WA | ОH WV | OK W) | QR WY | PA PR |
| | | | | | | | | <u></u> | <u> </u> | | | <u> </u> | LIK. |
| Ful | l Name (I | Last name i | first, if indi | vidual) | | | | | | | | | |
| Bus | siness or | Residence | Address (N | Jumber an | d Street, C | ity, State, | Zip Code) | | | | | | |
| Nai | mc of Ass | ociated Br | oker or Dea | sler | | | | | | | | | · |
| Sta | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | <u> </u> | | | |
| | (Check | "All States | " or check | individual | States) | | | *************************************** | P1855 18(166 | | | □ VI. | l States |
| | AL | AK | AZ | AR | CA | CO | [CT] | DE | DC | FL | GA | H | ID |
| | IL | IN | ĬA. | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | <u>OH</u> | OK | OR | PA |
| | RI | SC | ZD | TN | TX | UT | $\overline{\mathrm{VT}}$ | $V\Lambda$ | WA | WV | WI | WY | PR |

§ 6,250.00

\$_36,000.00

| • | | | |
|---------|--|--------------|----------------------------|
| <u></u> | C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS | | |
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security Offering Pr | | Amount Already Sold |
| | Debt\$ | \$ | |
| | Equity | 00 s | 125,000.00 |
| | Common Preferred | | |
| | Convertible Securities (including warrants)\$ | \$_ | |
| | Partnership Interests | | |
| | Other (Specify)\$ | | |
| | Total | 00 s | 125,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| •, | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | Number Investors | S | Dollar Amount of Purchases |
| | Accredited Investors 125 | | 125,000.00 |
| | Non-accredited Investors0 | _ | 0,00 |
| | Total (for filings under Rule 504 only) | | 0.00 |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of | • | Dollar Amount |
| | Type of Offering Security | | Sold |
| | Rule 505 | \$ | |
| | Regulation A | \$ | |
| | Rule 504 | \$ | S |
| | Total | <u> </u> | 0.00 |
| ŀ | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | Z \$_ | 14,750.00 |
| | Printing and Engraving Costs | _ s_ | |
| | Legal Fees | Z \$_ | 15,000.00 |
| | Accounting Fees | | |

Engineering Fees

Sales Commissions (specify finders' fees separately)......

Other Expenses (identify)

Total

| | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE OF PE | ROCLEDS | |
|-----|---|--|--|-----------------------|
| | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer." | | | 89,000.00 |
| 5, | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total opposeds to the issuer set forth in response to Par | ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross | | |
| | | | Payments to Officers. Directors, & Affiliates | Payments to Others |
| | Salaries and fees | |] \$ | s |
| | Purchase of roal estate | , |]\$ | s |
| | Purchase, rental or leaving and installation of ma | chinery | 7\$ _ | □\$ |
| | | cilities | | |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger) | |] \$ | |
| | Repayment of indebtedness | |] \$ | |
| | Working capital | |] \$ | \$ 89,000.00 |
| | | | | |
| | | | _ | |
| | Column Totals | |] \$ <u>0.00</u> | ✓ \$ 89,000.00 |
| | | | <u> </u> | 9,000.00 |
| \$ | | D. FEDERAL SIGNATURE | | |
| sig | nature constitutes an undertaking by the issuer to fu | o undersigned duly authorized person. If this notice rnish to the U.S. Securities and Exchange Commiss credited investor pursuant to paragraph (b)(2) of R | ion, upon writte | |
| lss | ier (Print or Type) | Signature | ale | |
| Ce | ntro Watt America REIT VI, Inc. | | 13 Febr | ony 2006 |
| Na | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | -t |
| Mic | nael Baliva | Vice President | | |

Feb-13-2006 01:29pm From- T-497 P.039/042 F-5

| 1 | E STATE SIGNATURE | | |
|----|--|-----|----------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No K |
| | Con Annually Column 5 for store some as | | |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|-----------------------------------|-----------------------|------------------|
| Centro Watt America REIT VI, Inc. | | 13 February 2006 |
| Name (Print or Type) | Title (Print or Type) | |
| Michael Ballva | Vice President | ÷ |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | A) | PENDIX | | | | |
|-------|--------------------------------|---|--|--------------------------------------|---|--|--------|-----|--|
| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | fication te ULOE attach tion of granted) Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| ΛL | | × | | | | | | | |
| AK | | × | | | | | | | |
| AZ | | × | | | | | | | |
| AR | | × | | | | | | | |
| CA | | × | | | | | | | |
| СО | | × | | | | | | | |
| СТ | -, | × | | | | | | | |
| DE | | × | | | | | | | |
| DC | | × | | | | | | | |
| FL | | × | Pref Stock/\$9000 | 9 | \$9,000.00 | 0 | \$0.00 | | × |
| GA | | × | Pref Stock/\$92000 | 92 | \$92,000.00 | 0 | \$0.00 | | × |
| HI | | x | | | | | | | |
| Œ | | × | | | | | | | |
| IL | | X | | | | | | | |
| IN | | × | | | | | | | |
| IA | L., | × | | | | | | | |
| KS | | × | | | | | | | |
| KY | | × | | | | | | | |
| LA | | × | | | | | | | |
| ME | | × | | | | | | | |
| MD | <u> </u> | × | Pref Stock/\$2000 | 2 | \$2,000.00 | 0 | \$0.00 | | × |
| MA | <u></u> | × | | | | | | | |
| MI | | × | | | | | | | |
| MN | | X | | | | | | | |
| MS | | × | | | | | | | |

| 14.33.00 12.33.11 | April Sarria De A. Ma | A Parket | THE REPORT OF THE PARTY OF | APP | ENDIX | | | | |
|----------------------|--------------------------------|---|--|--------------------------------------|--|--|--------|----------------------------------|----------------------|
| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | under Sta (if yes, explana | ation of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| МО | 1 | × | | | | | | | |
| MT | -nur94 | × | | | | | | | |
| NE | | × | | | | | | | |
| NV | | x | | | | | | | |
| NH | | × | | | | | | | |
| NJ | | × | | | | | _ | | |
| NM | | × | | | | | | | |
| NY | | × | | | | | | | |
| NC | Man annual b | × | Pref Stock/\$4000 | 4 | \$4,000.00 | 0 | \$0.00 | | × |
| ND | | × | | | | | | | |
| ОН | | × | <u> </u> | | | | | | |
| ок | | × | Pref Stock/\$4000 | 4 | \$4,000.00 | 0 | \$0.00 | | × |
| OR | | × | | | | | | | |
| PA | 1 | X | Pref Stock/\$2000 | 2 | \$2,000.00 | 0 | \$0.00 | | K |
| RI | 1 | × | | | | | | | |
| SC | | × | | | | | | | |
| SD | | × | | | | | | | |
| TN | | × | Pref Stock/\$1000 | 1 | \$1,000.00 | 0 | \$0,00 | | × |
| TX | | × | Pref Stock/\$5000 | 5 | \$5,000.00 | 0 | \$0.00 | | × |
| UT | | × | | | | | | | |
| VT | | × | | | | | | | |
| VA | | × | Pref Stock/\$6000 | 6 | \$6,000.00 | 0 | \$0.00 | | × |
| WA | | × | | | , | | | | |
| wv | | × | | | | | | | |
| WI | | × | | | | | | | |

| | | | | APP | ENDIX | | | | NOT THE WAY | |
|-------|---|----|--|--------------------------------------|--|--|--------|-----|--|--|
| 1 | Type of security and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) | | | | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| WY | | × | | | | | | | | |
| PR | | × | | | | | | | | |